

IN THE UNITED STATES BANKRUPTCY COURT FOR
THE WESTERN DISTRICT OF PENNSYLVANIA

IN RE:) Case No. 23-22290 GLT
) Chapter 13
Scott R. Geckle) Docket No.
Tricia C. Berthold,)
Debtor(s))
)
)
Scott R. Geckle)
Tricia C. Berthold,)
Movant(s))
)
vs.)
)
No Respondent(s))
)

AMENDMENT COVER SHEET

Amendment(s) to the following petition, list(s), schedule(s), or statement(s) are transmitted herewith:

Voluntary Petition - *Specify reason for amendment:*

Official Form 6 Schedules (Itemization of Changes Must Be Specified)

Summary of Schedules

Schedule A - Real Property

Schedule B - Personal Property

Schedule C - Property Claimed as Exempt

Schedule D - Creditors holding Secured Claims

Check one:

Creditor(s) added

NO creditor(s) added

Creditor(s) deleted

Schedule E - Creditors Holding Unsecured Priority Claims

Check one:

Creditor(s) added

NO creditor(s) added

Creditor(s) deleted

Schedule F - Creditors Holding Unsecured Nonpriority Claims

Check one:

Creditor(s) added

NO creditor(s) added

Creditor(s) deleted

Schedule G - Executory Contracts and Unexpired Leases

Check one:

Creditor(s) added

NO creditor(s) added

Creditor(s) deleted

- Schedule H - Codebtors
 Schedule I - Current Income of Individual Debtor(s)
 Schedule J - Current Expenditures of Individual Debtor(s)
 Statement of Financial Affairs
 Chapter 7 Individual Debtor's Statement of Intention
 Chapter 11 List of Equity Security Holders
 Chapter 11 List of Creditors Holding 20 Largest Unsecured Claims
 Disclosure of Compensation of Attorney for Debtor
 Other _____

Respectfully submitted,

June 24, 2025

DATE

/s/ Kenneth Steidl

Kenneth Steidl, Esquire
Attorney for the Debtor(s)
STEIDL & STEINBERG
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PA I.D. No.34965

Note: An amended matrix of creditors added by the amendment must be submitted on disk with the amendment. Attorneys filing electronically on the Case Management/Electronic Case Filing System may add creditors to the case electronically.

Fill in this information to identify your case:

Debtor 1	Scott R. Geckle		
	First Name	Middle Name	Last Name
Debtor 2	Tricia C. Berthold		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		WESTERN DISTRICT OF PENNSYLVANIA	
Case number (if known)	23-22290		

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims**12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
2.1	\$1,800.00	\$1,800.00	\$0.00
Commonwealth of Pennsylvania Priority Creditor's Name	Last 4 digits of account number		
Office of Attorney General 16th Floor Strawberry Square Harrisburg, PA 17120 Number Street City State Zip Code	When was the debt incurred?		
Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent		
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated		
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed		
<input type="checkbox"/> At least one of the debtors and another	Type of PRIORITY unsecured claim:		
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Domestic support obligations		
Is the claim subject to offset?	<input checked="" type="checkbox"/> Taxes and certain other debts you owe the government		
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Claims for death or personal injury while you were intoxicated		
<input type="checkbox"/> Yes	<input type="checkbox"/> Other. Specify Fines		

Debtor 1 **Scott R. Geckle**
Debtor 2 **Tricia C. Berthold**

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2.2	Internal Revenue Service	Last 4 digits of account number	\$6,195.00	\$6,195.00	\$0.00
Priority Creditor's Name PO Box 7346 Philadelphia, PA 19101-7346					
Number Street City State Zip Code					
Who incurred the debt? Check one.					
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another					
Check if this claim is for a community debt					
Is the claim subject to offset?					
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
Federal Income					

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1		Total claim			
	Amex	\$644.00			
Nonpriority Creditor's Name					
P.o. Box 981537 EI Paso, TX 79998					
Number Street City State Zip Code					
Who incurred the debt? Check one.					
<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another					
Check if this claim is for a community debt					
Is the claim subject to offset?					
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
Credit Card used for household expenses, clothing, food, gasoline, and utilities					
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts					
Opened 04/18 Last Active 9/28/23					
As of the date you file, the claim is: Check all that apply					

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Debtor 2 **Tricia C. Berthold**

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4.2	Capital One Nonpriority Creditor's Name Po Box 31293 Salt Lake City, UT 84131 Number Street City State Zip Code	Last 4 digits of account number 4756	\$4,293.00
	Who incurred the debt? Check one.	When was the debt incurred? Opened 03/19 Last Active 02/23	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
		Credit Card used for household expenses, clothing, food, gasoline, and utilities	
4.3	Capital One Nonpriority Creditor's Name Po Box 31293 Salt Lake City, UT 84131 Number Street City State Zip Code	Last 4 digits of account number 2997	\$1,908.00
	Who incurred the debt? Check one.	When was the debt incurred? Opened 07/17 Last Active 02/23	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
		Credit Card used for household expenses, clothing, food, gasoline, and utilities	
4.4	Chase Card Services Nonpriority Creditor's Name Po Box 15369 Wilmington, DE 19850 Number Street City State Zip Code	Last 4 digits of account number 7920	\$3,601.00
	Who incurred the debt? Check one.	When was the debt incurred? Opened 08/20 Last Active 5/18/23	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
		Credit Card used for household expenses, clothing, food, gasoline, and utilities	

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4.5	Chase Card Services Nonpriority Creditor's Name	Last 4 digits of account number	5045	\$1,985.00
	Po Box 15369 Wilmington, DE 19850 Number Street City State Zip Code	When was the debt incurred?	Opened 12/19 Last Active 02/23	
	As of the date you file, the claim is: Check all that apply			
	Who incurred the debt? Check one.	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans <input type="checkbox"/> Is the claim subject to offset? <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input checked="" type="checkbox"/> No <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Yes Credit Card used for household expenses, clothing, food, gasoline, and utilities		
4.6	Citibank Nonpriority Creditor's Name	Last 4 digits of account number	4957	\$8,152.00
	Po Box 6217 Sioux Falls, SD 57117 Number Street City State Zip Code	When was the debt incurred?	Opened 08/13 Last Active 9/29/23	
	As of the date you file, the claim is: Check all that apply			
	Who incurred the debt? Check one.	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans <input type="checkbox"/> Is the claim subject to offset? <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input checked="" type="checkbox"/> No <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Yes Credit Card used for household expenses, clothing, food, gasoline, and utilities		
4.7	Citibank Nonpriority Creditor's Name	Last 4 digits of account number	8028	\$2,289.17
	Po Box 6217 Sioux Falls, SD 57117 Number Street City State Zip Code	When was the debt incurred?	Opened 07/22 Last Active 12/01/22	
	As of the date you file, the claim is: Check all that apply			
	Who incurred the debt? Check one.	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans <input type="checkbox"/> Is the claim subject to offset? <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input checked="" type="checkbox"/> No <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Yes Credit Card used for household expenses, clothing, food, gasoline, and utilities		

Debtor 1 **Scott R. Geckle**
Debtor 2 **Tricia C. Berthold**

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23-22290**4.8****Dean Geckle**

Nonpriority Creditor's Name

**1730 Norsen Drive
Pittsburgh, PA 15243**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

\$14,000.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Personal loan**

4.9**Dept Of Education/Nelnet**

Nonpriority Creditor's Name

**Po Box 82561
Lincoln, NE 68501**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

6075**\$39,497.00**When was the debt incurred?
Opened 2/11/21 Last Active 09/23

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Educational**

**4.1
0****Dept Of Education/Nelnet**

Nonpriority Creditor's Name

**Po Box 82561
Lincoln, NE 68501**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

6523**\$37,826.00**When was the debt incurred?
Opened 4/27/17 Last Active 09/23

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Educational**

Debtor 1 **Scott R. Geckle**
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4.1 1	<p>Discover Financial Nonpriority Creditor's Name</p> <p>Po Box 30939 Salt Lake City, UT 84130 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 2688</p> <p>When was the debt incurred? Opened 05/21 Last Active 7/30/23</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>Credit Card used for household expenses, clothing, food, gasoline, and utilities</p> <p><input checked="" type="checkbox"/> Other. Specify <u>clothing, food, gasoline, and utilities</u></p>	\$9,148.00
4.1 2	<p>Discover Financial Nonpriority Creditor's Name</p> <p>Po Box 30939 Salt Lake City, UT 84130 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 3621</p> <p>When was the debt incurred? Opened 07/22 Last Active 01/23</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>Credit Card used for household expenses, clothing, food, gasoline, and utilities</p> <p><input checked="" type="checkbox"/> Other. Specify <u>clothing, food, gasoline, and utilities</u></p>	\$4,948.00
4.1 3	<p>Genesis Financial Nonpriority Creditor's Name</p> <p>Po Box 4499 Beaverton, OR 97076 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 4830</p> <p>When was the debt incurred? Opened 05/19 Last Active 11/16/22</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>Credit Card used for household expenses, clothing, food, gasoline, and utilities</p> <p><input checked="" type="checkbox"/> Other. Specify <u>clothing, food, gasoline, and utilities</u></p>	\$661.00

Debtor 1 **Scott R. Geckle**
Debtor 2 **Tricia C. Berthold**

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4.1 4 Jefferson Capital System Nonpriority Creditor's Name 16 McLeland Road Saint Cloud, MN 56303 Number Street City State Zip Code	Last 4 digits of account number _____ When was the debt incurred? 2022 As of the date you file, the claim is: Check all that apply	\$3,031.00
<p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Original Creditor: Upstart</p>		

4.1 5 LVNV Funding LLC Nonpriority Creditor's Name c/o Resurgent Capital 200 Meeting Street Suite 206 Charleston, SC 29401 Number Street City State Zip Code	Last 4 digits of account number _____ When was the debt incurred? 2022 As of the date you file, the claim is: Check all that apply	\$1,480.80
<p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>Credit Card used for household expenses, clothing, food, gasoline, and utilities</p> <p><input checked="" type="checkbox"/> Other. Specify Original Creditor: Credit One Bank</p>		

Debtor 1 **Scott R. Geckle**
Debtor 2 **Tricia C. Berthold**

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LVNV Funding LLC Nonpriority Creditor's Name c/o Resurgent Capital 200 Meeting Street Suite 206 Charleston, SC 29401 Number Street City State Zip Code	Last 4 digits of account number	\$1,580.00
Who incurred the debt? Check one.	When was the debt incurred? 2022	
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	As of the date you file, the claim is: Check all that apply	
<input type="checkbox"/> Is the claim subject to offset? <input checked="" type="checkbox"/> No	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
Credit Card used for household expenses, clothing, food, gasoline, and utilities		
Credit Card used for household expenses, clothing, food, gasoline, and utilities		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify Original Creditor: Creditor One Bank	

4.1
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LVNV Funding LLC Nonpriority Creditor's Name c/o Resurgent Capital 200 Meeting Street Suite 206 Charleston, SC 29401 Number Street City State Zip Code	Last 4 digits of account number	\$0.00
Who incurred the debt? Check one.	When was the debt incurred? 2003	
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	As of the date you file, the claim is: Check all that apply	
<input type="checkbox"/> Is the claim subject to offset? <input checked="" type="checkbox"/> No	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
Credit Card used for household expenses, clothing, food, gasoline, and utilities		
Stale claim -Disputed. <input checked="" type="checkbox"/> Other. Specify First Premier Bank		

Debtor 1 **Scott R. Geckle**
Debtor 2 **Tricia C. Berthold**

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<p>4.1 8</p> <p>Midland Credit Management*** Nonpriority Creditor's Name 350 Camino De Laeina Suite 100 San Diego, CA 92108 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ \$0.00</p> <p>When was the debt incurred? Unknown</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>Credit Card used for household expenses, clothing, food, gasoline, and utilities</p> <p><input checked="" type="checkbox"/> Other. Specify Disputed. Stale claim.</p>
<hr/> <p>4.1 9</p> <p>St Clair Hospital Nonpriority Creditor's Name PO Box 640831 Pittsburgh, PA 15264 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	
<p>Last 4 digits of account number 0046 \$421.04</p> <p>When was the debt incurred? Through 10/27/2023</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Medical Services</p>	
<hr/> <p>4.2 0</p> <p>Synchrony Bank* Nonpriority Creditor's Name PO Box 965060 Attn: Bankruptcy Orlando, FL 32896-5060 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	
<p>Last 4 digits of account number _____ \$1,333.00</p> <p>When was the debt incurred? 2021-2023</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>Credit Card used for household expenses, clothing, food, gasoline, and utilities</p> <p><input checked="" type="checkbox"/> Other. Specify Credit Card used for household expenses, clothing, food, gasoline, and utilities</p>	

Debtor 1 **Scott R. Geckle**
Debtor 2 **Tricia C. Berthold**

Case number (if known)

23-22290

4.2 1	Upstart/Customers Bank Nonpriority Creditor's Name <hr/> Po Box 61203 Palo Alto, CA 94306 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 6144 When was the debt incurred? Opened 05/21 Last Active 03/23 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Unsecured	\$9,921.00
4.2 2	Verizon Wireless* Nonpriority Creditor's Name <hr/> 500 Technology Drive Suite 550 Weldon Spring, MO 63304 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 0001 When was the debt incurred? Through 10/27/2023 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Cellphone service	\$606.92
4.2 3	Viacord Nonpriority Creditor's Name <hr/> 930 Winter Street Waltham, MA 02451 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? 1/2023 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical	\$250.00

Part 3: List Others to Be Notified About a Debt That You Already Listed

Debtor 1 **Scott R. Geckle**
Debtor 2 **Tricia C. Berthold**

Case number (if known)

23-22290

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

Amex
Correspondence/Bankruptcy
Po Box 981540
EI Paso, TX 79998

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.1** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Capital One
Attn: Bankruptcy
Po Box 30285
Salt Lake City, UT 84130

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.2** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Capital One
Attn: Bankruptcy
Po Box 30285
Salt Lake City, UT 84130

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.3** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Chase Card Services
Attn: Bankruptcy
P.O. 15298
Wilmington, DE 19850

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.4** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Chase Card Services
Attn: Bankruptcy
P.O. 15298
Wilmington, DE 19850

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.5** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Citibank
Citicorp Cr Svrs/Centralized
Bankruptcy
Po Box 790040
St Louis, MO 63179

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.6** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Citibank
Citicorp Cr Svrs/Centralized
Bankruptcy
Po Box 790040
St Louis, MO 63179

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.7** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Discover Financial
Attn: Bankruptcy
Po Box 3025
New Albany, OH 43054

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.11** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Discover Financial
Attn: Bankruptcy
Po Box 3025
New Albany, OH 43054

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.12** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Debtor 1 **Scott R. Geckle**
Debtor 2 **Tricia C. Berthold**

Case number (if known)

23-22290

Name and Address
Genesis Financial
Genesis FS Card Services
Po Box 4477
Beaverton, OR 97076

On which entry in Part 1 or Part 2 did you list the original creditor?
Line **4.13** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
RAS LaVrar, LLC
425 Commerce Drive, Suite 150
Fort Washington, PA 19034

On which entry in Part 1 or Part 2 did you list the original creditor?
Line **4.7** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

7Fax

Name and Address
St Clair Hospital
1000 Bower Hill Road
Attn: Billing
Pittsburgh, PA 15243

On which entry in Part 1 or Part 2 did you list the original creditor?
Line **4.19** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Upstart/Customers Bank
Attn: Bankruptcy
P.O. Box 1503
San Carlos, CA 94070

On which entry in Part 1 or Part 2 did you list the original creditor?
Line **4.21** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Viacord
c/o Radius Global Solutions LLC
PO Box 390908
Minneapolis, MN 55439-0908

On which entry in Part 1 or Part 2 did you list the original creditor?
Line **4.23** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

		Total Claim
Total claims from Part 1	6a. Domestic support obligations	6a. \$ 0.00
	6b. Taxes and certain other debts you owe the government	6b. \$ 7,995.00
	6c. Claims for death or personal injury while you were intoxicated	6c. \$ 0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. \$ 0.00
6e. Total Priority. Add lines 6a through 6d.		7,995.00
Total claims from Part 2	6f. Student loans	6f. \$ 77,323.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ 0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ 0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. \$ 70,252.93
6j. Total Nonpriority. Add lines 6f through 6i.		147,575.93